

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449 A/PTO						Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>						Application Number	10/821,848
						Filing Date	April 12, 2004
						First Named Inventor	Kazuhiko MIYATA et al.
						Group Art Unit	2816
						Examiner Name	
Sheet	1	of	1	Attorney Docket Number		0756-7278	

[illegible][illegible]

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	7 ²
	/CPT/	European Search Report dated July 22, 2004 for EP 04 00 8900.	

Examiner Signature	/Con P. Tran/	Date Considered	03/30/2008
--------------------	---------------	-----------------	------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.